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HUMAN SERVICES COMMITTEE

Public Hearing

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Written testimony of State Ombudsman, Nancy Shaffer

Good afternoon Senator Moore, Representative Abercrombie, Senator Slossberg and Representative McGee and esteemed members of the Human Services Committee. My name is Nancy Shaffer and I am the Connecticut State Long-Term Care Ombudsman. Per the Older American's Act and CT General Statute 17b-400-417, it is the duty of the State Ombudsman to provide services to protect the health, safety, welfare and rights of the residents of skilled nursing facilities, residential care homes and managed residential communities/assisted living facilities. Most recently, the CT General Assembly mandated the Long-Term Care Ombudsman Program develop a pilot project to provide community ombudsman assistance to individuals in Hartford County. It is the responsibility of the State Ombudsman to also advocate for changes in laws and governmental policies and actions that pertain to the health, safety, welfare and rights of residents with respect to the adequacy of long-term care facilities. I appreciate this opportunity to testify on behalf of the thousands of individuals throughout Connecticut who receive long-term services and supports. Today I offer comments regarding these legislative proposals:

S.B. No. 281 (RAISED) AN ACT CONCERNING NURSING HOMES and S.B. No. 282 (RAISED) AN ACT CONCERNING LONG-TERM CARE

These two proposals essentially have the same objective which is to study whether long-term services and supports across the continuum of care are sufficient to meet future demands in terms of programs, planning and services. Long-term services and supports (LTSS) throughout the country as well as here in Connecticut are going through significant changes. The emphasis on supported community living and transitioning residents from nursing homes to the community means that there are substantial changes in the environments where people receive long-term supports and services. It is important to identify the specific needs at each point and in the various settings in the continuum of care.



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However, I believe notification concerning an abuse allegation should be provided more immediately to both the Department of Social Services and the designated responsible party (just as a report of a medical issue is made to the family in a timely manner). The resident and responsible party have the right to be informed about the outcome of the investigation and they should not have to seek out this information. Currently, CT General Statute 17b-452 states "The person filing the report shall be notified of the findings, upon request." The person filing the request often is not the individual alleging abuse nor is it their responsible party. The important communication link with the resident and/or responsible party is missing in these statutes.

I look forward to working with the proponent of this proposal to develop the concept further.

Proposed H.B. No. 5358 AN ACT ESTABLISHING A BILL OF RIGHTS FOR RESIDENTS OF CONTINUING-CARE RETIREMENT COMMUNITIES

This proposal establishes a statutory bill of rights for Continuing-Care Retirement Community (CCRC) Residents. The Ombudsman Program supports this concept, it does not appear to be excessive oversight nor does it seem to place onerous conditions on the CCRC business entity. Connecticut General Statutes currently have a bill of rights for residents in other specific settings such as skilled nursing facilities, residential care homes and assisted living facilities. The Ombudsman Program strongly supports residents' rights along the continuum of care and in all settings.

This proposal provides for greater financial disclosures by the business entity and ongoing communication between the business/governing board and the residents regarding indicators of financial solvency. A consumer who contracts with a CCRC makes a significant investment of his, her, or the couple's life's savings and resources. Information and communication about the security of the investment is an appropriate consumer protection. Other states, including New York and New Jersey, have already provided for resident protections including financial oversight, these may provide models for best practices in Connecticut.

The philosophy of a CCRC is that it is a continuum of care so it is expected that people will age in place and their needs may change too. The concept of a Bill of Rights identifies and clarifies some of the potential complexities of life in a CCRC. For instance, a resident may move through the various levels of care during his or her residency at the CCRC. It is not unusual for a CCRC resident to require home care at one point for a specific acute medical issue or at another time to receive